

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	TT	926	05-29-01
<b>RESPONSE FORMALITY REVIEW</b>			

**BEST AVAILABLE COPY****INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	12	10	8
2	54	09	2
3	01	03	03
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If more than 150 claims or 10 actions  
staple additional sheet here